

Program

The Behavioral Health Unit (BHU) at St. Peter's Hospital is a 22 bed acute psychiatric unit providing inpatient psychiatric care to persons aged 18 or older. The bed compilation consists of 14 geriatric patient beds and 8 adult patient beds.

The BHU provides an important source for acute psychiatric care for both adult and geriatric populations. However, the focus of information currently provided pertains to the 14 bed geriatric psychiatry program. St. Peter's has the only dedicated geriatric psychiatry program in Montana and patients who receive care here come from across Montana. Patients have also been admitted from Wyoming and Idaho. We have also received inquiries from Washington.

Scope of Services

The BHU's geriatric program provides 24-hour-a-day intensive, interdisciplinary treatment through a patient and family centered, trauma-informed care model for patients with acute psychiatric disorders, and cognitive impairment, while addressing and treating co-morbid medical conditions. Components of treatment include:

- Psychiatric evaluation and assessment seven days a week;
- Licensed nursing staff providing direct care 24 hours a day, seven days a week;
- A minimum of 30 hours of scheduled group programming by licensed staff. Programming consists of:
 - Nursing Education
 - Daily Goals Group
 - Activity/Recreation Therapy
 - Animal Assisted Therapy
 - Reminiscence Therapy
 - Cognitive Stimulation
 - Art Therapy
- Individualized Treatment Planning;
- Family/Caregiver Education;
- Discharge planning.

The BHU provides acute short-term psychiatric care to persons with cognitive impairment, typically dementia, who cannot maintain safety in the community. Examples of symptoms that require psychiatric hospitalization in a person with dementia can include:

- Agitation/Aggression: Hitting, Kicking, Biting, Pushing, Pacing, Scratching, Spitting, etc.
- Psychosis
- Delusions
- Depressive Symptoms or other Psychiatric Disturbances

CHILDREN & FAMILIES
SEPTEMBER 13, 2015 OPTIONAL MTG
EXHIBIT 1





The primary funding source is Medicare, although all payer sources are accepted and no patient is turned away due to inability to pay.

Upon admission, the focus of treatment is to assess, stabilize and subsequently discharge the patient back to their community. The BHU serves as only one component in the continuum of care and is considered one of the highest levels of care, just below Montana State Hospital and the Montana State Mental Health Nursing Home.

Challenges

Identification of a safe, appropriate discharge placement is one of the primary challenges in a patient's course of treatment. Community based care is believed to be the best treatment option for persons with dementia. However, due to a variety of factors, many Skilled Nursing and Assisted Living Facilities are not agreeable to accepting patients to their facilities due to documented behavioral disturbances even if the behaviors have been eliminated or significantly decreased.

From a discharge planning perspective, the primary obstacles to finding appropriate community placement for patients once they are stabilized can include:

- Funding Sources
- Community Education and Training

When community placement cannot be located, commitment proceedings are initiated with the County Attorney's office. Confused, elderly patients enter through the commitment process to Montana State Hospital or the Montana Mental Health Nursing Home.

